

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 546565

1. Entity Name

BILLING, COCHRAN, HEATH, LYLES & MAURO, P.A.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90083 011 ***150.00

Principal Place of Business

888 S.E. 3RD AVE.
#301
FT. LAUDERDALE FL 33316

Mailing Address

888 S.E. 3RD AVE.
#301
FT. LAUDERDALE FL 33316-1159

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1756046

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEATH, THOMAS C.
1684 S.W. 20TH AVE.
BOCA RATON FL 33486

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VT	<input type="checkbox"/> Delete
NAME	HEATH, THOMAS C	
STREET ADDRESS	1684 SW 20 AVE	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	CRAIG, WILLIAM T	
STREET ADDRESS	4400 N E 30TH TERRACE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	PMV	<input type="checkbox"/> Delete
NAME	COCHRAN, CLARK J	
STREET ADDRESS	4300 NE 22ND AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	LYLES, DENNIS E	
STREET ADDRESS	641 POINCIANA DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MAURO, JOHN W	
STREET ADDRESS	820 S. RIO VISTA BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANDERSON, GREGORY T	
STREET ADDRESS	6241 NE 20TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas C. Heath

4/17/2000 954-764-7150

Date

Daytime Phone #

CR2E034 (9/99)